

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
2024000000088

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH -2	<input checked="" type="checkbox"/> OH -3	LOCAL INFORMATION
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * WEST JEFFERSON
<input type="checkbox"/> PRIVATE PROPERTY			NCIC * 04902

COUNTY* 49	LOCALITY* 2	LOCATION: CITY, VILLAGE, TOWNSHIP* WEST JEFFERSON (CORPORATE NAME JEFFERSON)	CRASH DATE / TIME* 02/24/2024 08:19	CRASH SEVERITY 5
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ROUTE TYPE SR	ROUTE NUMBER 142	PREFIX 4	LOCATION ROAD NAME BROAD	ROAD TYPE ST	LATITUDE DECIMAL DEGREES 39.946056	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -83.268203				

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 9
DISTANCE FROM REFERENCE 55.00	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2	ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED				

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN 4
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 3	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 6	9 - OTHER / UNKNOWN
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NARRATIVE  
Unit 1 was stopped at red light, westbound on W. Broad St at S.R 142. Unit 1 was westbound on W. Broad St. striking Unit 2 in rear.

CRASH REPORTED DATE / TIME 02/24/2024 08:19	DISPATCH DATE / TIME 02/24/2024 08:19	ARRIVAL DATE / TIME 02/24/2024 08:26	SCENE CLEARED DATE / TIME 02/24/2024 08:48	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 29	OFFICER'S NAME* HILES, DANNI	CHECKED BY OFFICER'S NAME* JACOB, JOSHUA A
			OFFICER'S BADGE NUMBER* WJ09	CHECKED BY OFFICER'S BADGE NUMBER* WJ02

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) ALI, HALIMA, ABDI	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 1506 TILLINGHAM DR, COLUMBUS, OH, 43228		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> KBM9391	<b>VEHICLE IDENTIFICATION #</b> 2GNAXTEV7L6258752	<b>VEHICLE YEAR</b> 2020	<b>VEHICLE MAKE</b> CHEVROLET
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> SOUTHERN INSURANCE COMP	<b>INSURANCE POLICY #</b> 1000159124	<b>COLOR</b> SIL	<b>VEHICLE MODEL</b> EQUINOX
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		<b>CLASS #</b> <b>PLACARD ID #</b>		

<b>UNIT TYPE</b> 3	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<b># of TRAILING UNITS</b>					

<b>VEHICLE MODE</b> 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN
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<b>SPECIAL FUNCTION</b> 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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<b>CARGO BODY TYPE</b> 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED	11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	99 - OTHER / UNKNOWN
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<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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<b>NON-MOTORIST LOCATION</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE	7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE	99 - OTHER / UNKNOWN
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<b>ACTION</b> 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	<b>PRE-CRASH ACTIONS</b> 1	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION	15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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<b>CONTRIBUTING CIRCUMSTANCES</b> 8	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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<b>SEQUENCE OF EVENTS</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	<b>EVENTS</b> 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER	19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b>					
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	

<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 1
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LOCAL REPORT NUMBER

2024000000088

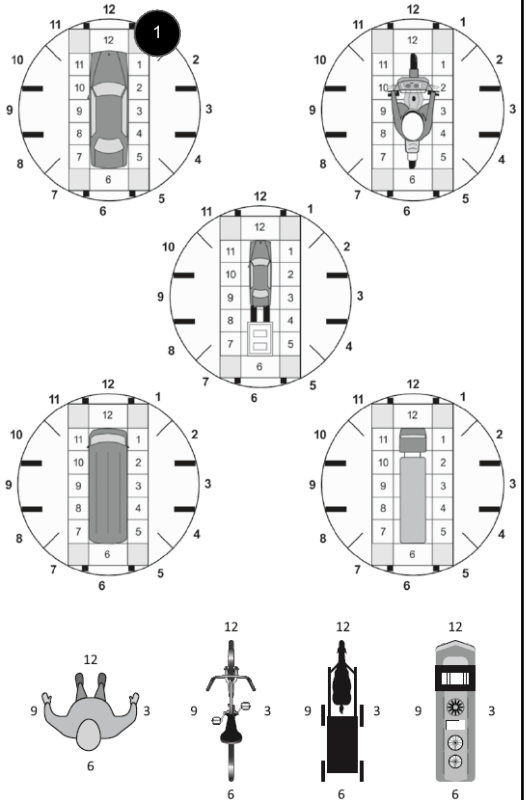
**DAMAGE**

**DAMAGE SCALE**

1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



<input type="checkbox"/> NO DAMAGE [ 0 ]	<input type="checkbox"/> UNDERCARRIAGE [ 14 ]
<input type="checkbox"/> TOP [ 13 ]	<input type="checkbox"/> ALL AREAS [ 15 ]
<input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE	14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
99 - UNKNOWN	
13 - TOP	

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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**UNIT SPEED**

35

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

**POSTED SPEED**

55

<b>OWNER</b>	<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) MADDEN, DAX, A	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER)
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 246 YEHLSHIRE DR, GALLOWAY, OH, 43119		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> JFP1963	<b>VEHICLE IDENTIFICATION #</b> JT4RN6D2K0239550	<b>VEHICLE YEAR</b> 1989	<b>VEHICLE MAKE</b> TOYOTA
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ERIE INSURANCE	<b>INSURANCE POLICY #</b> Q04 6508664	<b>COLOR</b> BLK	<b>VEHICLE MODEL</b> 4-RUNNER
<b>TYPE OF USE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b>	
		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>CLASS #</b> <b>PLACARD ID #</b>	
		1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	<input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

<b>UNIT TYPE</b> 3	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2	0 - NO AUTOMATION   3 - CONDITIONAL AUTOMATION   9 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE   4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION   5 - FULL AUTOMATION				
<b>SPECIAL FUNCTION</b> 1	1 - NONE   6 - BUS - CHARTER/TOUR   11 - FIRE   16 - FARM   21 - MAIL CARRIER 2 - TAXI   7 - BUS - INTERCITY   12 - MILITARY   17 - MOWING   99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING   8 - BUS - SHUTTLE   13 - POLICE   18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT   9 - BUS - OTHER   14 - PUBLIC UTILITY   19 - TOWING 5 - BUS - TRANSIT/COMMUTER   10 - AMBULANCE   15 - CONSTRUCTION EQUIP.   20 - SAFETY SERVICE PATROL				
<b>CARGO BODY TYPE</b> 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE   4 - LOGGING   7 - GRAIN/CHIPS/GRAVEL   11 - DUMP   99 - OTHER / UNKNOWN 2 - BUS   5 - INTERMODAL CONTAINER CHASSIS   8 - POLE   12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   6 - CARGOVAN /ENCLOSED BOX   9 - CARGO TANK   13 - AUTO TRANSPORTER 10 - FLAT BED   14 - GARBAGE/REFUSE				
<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS   4 - BRAKES   7 - WORN OR SLICK TIRES   9 - MOTOR TROUBLE   99 - OTHER / UNKNOWN 2 - HEAD LAMPS   5 - STEERING   8 - TRAILER EQUIPMENT DEFECTIVE   10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS   6 - TIRE BLOWOUT				

<b>NON-MOTORIST LOCATION</b>	1 - INTERSECTION - MARKED CROSSWALK   4 - MIDBLOCK - MARKED CROSSWALK   7 - SHOULDER/ROADSIDE   10 - DRIVEWAY ACCESS   99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK   5 - TRAVEL LANE - OTHER LOCATION   8 - SIDEWALK   11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER   6 - BICYCLE LANE   9 - MEDIAN/CROSSING ISLAND   12 - FIRST RESPONDER AT INCIDENT SCENE				
<b>ACTION</b> 4	1 - NON-CONTACT   1 - STRAIGHT AHEAD   9 - LEAVING TRAFFIC LANE   15 - WALKING, RUNNING, JOGGING, PLAYING   21 - STANDING OUTSIDE DISABLED VEHICLE 2 - NON-COLLISION   2 - BACKING   10 - PARKED   16 - WORKING   99 - OTHER / UNKNOWN 3 - STRIKING   3 - CHANGING LANES   11 - SLOWING OR STOPPED IN TRAFFIC   17 - PUSHING VEHICLE   18 - APPROACHING OR LEAVING VEHICLE 4 - STRUCK   4 - OVERTAKING/PASSING   12 - DRIVERLESS   19 - STANDING 5 - BOTH STRIKING & STRUCK   5 - MAKING RIGHT TURN   13 - NEGOTIATING A CURVE   20 - OTHER NON-MOTORIST 9 - OTHER / UNKNOWN   6 - MAKING LEFT TURN   8 - ENTERING OR CROSSING SPECIFIED LOCATION				
<b>CONTRIBUTING CIRCUMSTANCES</b> 1	1 - NONE   8 - FOLLOWING TOO CLOSE /ACDA   13 - IMPROPER START FROM A PARKED POSITION   18 - OPERATING DEFECTIVE EQUIPMENT   23 - OPENING DOOR INTO ROADWAY 2 - FAILURE TO YIELD   9 - IMPROPER LANE CHANGE   14 - STOPPED OR PARKED ILLEGALLY   19 - LOAD SHIFTING /FALLING/SPILLING   99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT   10 - IMPROPER PASSING   15 - SWERVING TO AVOID   20 - IMPROPER CROSSING   21 - LYING IN ROADWAY 4 - RAN STOP SIGN   11 - DROVE OFF ROAD   16 - WRONG WAY   22 - NOT DISCERNIBLE 5 - UNSAFE SPEED   12 - IMPROPER BACKING   17 - VISION OBSTRUCTION				

<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b> 1 - OVERTURN/ROLLOVER   7 - SEPARATION OF UNITS   12 - DOWNHILL RUNAWAY   19 - ANIMAL - OTHER   23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 2 - FIRE/EXPLOSION   8 - RAN OFF ROAD RIGHT   13 - OTHER NON-COLLISION   20 - MOTOR VEHICLE IN TRANSPORT   24 - OTHER MOVABLE OBJECT 3 - IMMERSION   9 - RAN OFF ROAD LEFT   14 - PEDESTRIAN   21 - PARKED MOTOR VEHICLE 4 - JACKKNIFE   10 - CROSS MEDIAN   15 - PEDALCYCLE   22 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT   11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL   16 - RAILWAY VEHICLE   45 - EMBANKMENT   52 - BUILDING 6 - EQUIPMENT FAILURE   25 - IMPACT ATTENUATOR / CRASH CUSHION   31 - GUARDRAIL END   32 - PORTABLE BARRIER   33 - MEDIAN CABLE BARRIER   34 - MEDIAN GUARDRAIL BARRIER   35 - MEDIAN CONCRETE BARRIER   36 - MEDIAN OTHER BARRIER   37 - TRAFFIC SIGN POST   38 - OVERHEAD SIGN POST   39 - LIGHT / LUMINARIES SUPPORT   40 - UTILITY POLE   41 - OTHER POST, POLE OR SUPPORT   42 - CULVERT   43 - CURB   44 - DITCH   46 - FENCE   47 - MAILBOX   48 - TREE   49 - FIRE HYDRANT   50 - WORK ZONE MAINTENANCE EQUIPMENT   51 - WALL   53 - TUNNEL   54 - OTHER FIXED OBJECT   99 - OTHER / UNKNOWN				
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	25 - IMPACT ATTENUATOR / CRASH CUSHION   31 - GUARDRAIL END   32 - PORTABLE BARRIER   33 - MEDIAN CABLE BARRIER   34 - MEDIAN GUARDRAIL BARRIER   35 - MEDIAN CONCRETE BARRIER   36 - MEDIAN OTHER BARRIER   37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST   39 - LIGHT / LUMINARIES SUPPORT   40 - UTILITY POLE   41 - OTHER POST, POLE OR SUPPORT   42 - CULVERT   43 - CURB   44 - DITCH   45 - EMBANKMENT   46 - FENCE   47 - MAILBOX   48 - TREE   49 - FIRE HYDRANT   50 - WORK ZONE MAINTENANCE EQUIPMENT   51 - WALL   52 - BUILDING   53 - TUNNEL   54 - OTHER FIXED OBJECT   99 - OTHER / UNKNOWN				
<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 1				

**LOCAL REPORT NUMBER**  
2024000000088

**DAMAGE**

**DAMAGE SCALE**

1 - NONE   3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE   4 - DISABLING DAMAGE  
 9 - UNKNOWN

2

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**NO DAMAGE** [ 0 ]    **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]    **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE   14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN

6

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY 1	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT   4 - STOP SIGN 2 - SIGNAL   5 - YIELD SIGN 3 - FLASHER   6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

1 - NORTH   5 - NORTHEAST  
 2 - SOUTH   6 - NORTHWEST  
 3 - EAST   7 - SOUTHEAST  
 4 - WEST   8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

FROM 3 TO

<b>UNIT SPEED</b> 55	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
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# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
2024000000088

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> ALI, HALIMA, ABDI				<b>DATE OF BIRTH</b> 01/01/1997		<b>AGE</b> 27	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1506 TILLINGHAM DR, COLUMBUS, OH, 43228					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> MADDEN, DAX, A				<b>DATE OF BIRTH</b> 08/27/1975		<b>AGE</b> 48	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 246 YEHLSHIRE DR, GALLOWAY, OH, 43119					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURIES TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		<b>CONDITION</b>	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2024000000088

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE					
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE					
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE					
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			